



South Dakota Board of Nursing  
South Dakota Department of Health  
4305 South Louise Avenue Suite 201  
Sioux Falls SD 57106-3115  
(605) 362-2760 Fax: (605) 362-2768

Nurse Aide  
**Application for *Initial* Training Program**

**\*Allow up to 5-7 business days** for the SDBON to process your application\*

All Nurse Aide Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to [ARSD 44:74:02:07](#). Approval status is granted for a two-year period.

To request approval of a NATP, complete and submit this application along with required documentation to the Board of Nursing by faxing to the number listed above or email to [Tessa.Stob@state.sd.us](mailto:Tessa.Stob@state.sd.us). Written notice of approval or denial of the application will be issued upon receipt of all required documents.

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address of **Program Coordinator**: \_\_\_\_\_

Email Address of **Primary Instructor**: \_\_\_\_\_

**1. List Personnel and Licensure Information:**

**Program Coordinator** must be a registered nurse with two years of nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training ([ARSD 44:74:02:10](#)).

☐ Attach curriculum vita, resume, or work history.

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)

**Primary Instructor** must be a licensed nurse (RN or LPN) with two years of nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material ([ARSD 44:74:02:11](#)). The Director of Nursing (DON) may not perform training ([ARSD 44:74:02:10](#)).

- ☐ Attach curriculum vita, resume, or work history.
- ☐ Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)



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**Supplemental Personnel** may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist ([ARSD 44:74:02:12](#)).

☐ Attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)

**2. Identify the approved curriculum(s) your NATP will use:**

- ☐ How To Be a Nurse Assistant Blended/Online Training Program
- ☐ Avera Education & Staffing Solutions (AESS) Online Curriculum
- ☐ We Care Online
- ☐ American Health Care Association - How to be a Nurse Assistant
- ☐ Hartman's Nursing Assistant Care - Long Term Care and Home Care, 3rd Edition
- ☐ Hartman's Nursing Assistant Care - The Basics, 4th Edition
- ☐ Medcom, Inc - The New Nursing Assistant, 8th Edition
- ☐ Mosby's Essentials for Nursing Assistants
- ☐ Nebraska Health Care Association

**Program Coordinator Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**This section to be completed by the South Dakota Board of Nursing**

Date Application Received:	Date Application Denied:
Date Approved:	Reason for Denial:
Expiration Date of Approval:	
Board Representative:	